COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Stomacal guard cell specific promoter**

the specification of which: (check one)

	REGULAR OR DESIGN	N APPLICATION	•
is attached hereto.			•
was filed on	as applicati	on Serial No	
	(if a		The second secon
PC	T FILED APPLICATION ENTE	RING NATIONAL STAGE	
X was described and cla and as amended on _	aimed in International applicatio (if any).	on No. <u>PCT/EP2005/001883</u> file	d on <u>February 23, 2005</u>
hereby state that I have revie claims, as amended by any ame	ewed and understand the contended and referred to above.	ents of the above-identified sp	ecification, including the
acknowledge the duty to disclo	ose information which is materia	al to patentability as defined in	Title 37, Code of Federal
-	PRIORITY C	LAIM	
hereby claim foreign priority becate listed below and have also ng date before that of the applic	identified below any foreign a	any foreign application(s) for pa oplication for patent or inventor ed.	atent or inventor's certifi- 's certificate having a fil-
	PRIOR FOREIGN AP	PLICATION(S)	
Country	Application	Date of Filing	Priority
	Number	(day, month, year)	Claimed
Italy	MI2004A000363	27-02-2004	YES
hereby claim the benefit under ion(s) listed below:	Title 35, United States Code §	I 119(e) of any United States pro	visional patent applica-
Application No.	Filing Date	Status (patented, p	pending abandoned)
Complete this part only if this is	a continuing application.)		
ect matter of each of the claims rovided by the first paragraph	of this application is not disclosor 35 USC 112, I acknowledge 7 Code of Federal Regulations	ates application(s) listed below sed in the prior United States a e the duty to disclose informat s §1.56 which became available og date of this application:	pplication in the manner tion which is material to
application No.	Filing Date	Status (patented, p	pending abandoned)
	-	(i	J

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from _____ as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 00466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, Eric JENSEN, Reg. No. 37,855, Liam MCDOWELL, Reg. No. 44,231, and Philip A. DUBOIS, Reg. No. 50,696,

c/o YOUNG & THOMPSON Second Floor 745 South 23rd Street Arlington, Virginia 22202 **Customer Number**

00466

Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: TONELLI Chiara		
Inventor's signature:	Date:	- 4 OTT. 2006
Residence: MILANO, Italy	Citizenship:	Italian
Post Office Address: Piazza Grandi 9 – MILANO, Italy		
Full name of second joint inventor, if any: GALBIATI Massin	10	
Inventor's signature:	Date:	- 4 OTT. 2006
Residence: LOMAGNA, Italy	Citizenship:	Italian
Post Office Address: Via Fornace 14 – LOMAGNA, Italy		
Full name of third joint inventor, if any:		
Inventor's signature:	Date:	
Residence:	Citizenship:	
Post Office Address:		
Full name of fourth joint inventor, if any:		
Inventor's signature:	Date:	
Residence:	Citizenship:	
Post Office Address:		